PTO/SB/17 (10-08)

Approved for use through 06/30/2010. OMB 0651-0032

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FEE TRANS MITTAL FOR FY 2009 Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (the Status and the status and t	Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Complete if Known					
For FY 2009 First Named Inventor Foundation Founda							onf. #7190			
For FY 2009 First Named Inventor Foundation Founda	FEE TRANSMITTAL				Filing Date		June 9, 2005			
Application Type Fee (s) Fee (entor				
METHOD OF PAYMENT (check all that apply)	101112005				Examiner Name					
METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number 20.2-2448 Deposit Account Name Birch, Stewart, Kolasch & Birch, LLP For the above-identified deposit account, the Director is heraby authorized to: (check all that apply) X Charge fee(s) indicated below Charge any additional fee(s) or underpayments of Charge fee(s) indicated below, except for the filling fee fee(s) under any additional fee(s) or underpayments of X Credit any overpayments FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Application Type Fee (\$) Fee (Applicant claims small entity status. See 37 CFR 1.27				Art Unit 3746					
Check Credit Card Money Order None Other (please identify): X Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP	TOTAL AMOUNT OF PAYMENT (\$) 810.00				Attorney Docket No. 0630-2336PUS1			31		
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below	METHOD OF PAYMENT (check all that apply)									
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Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 EEE CALCULATION	For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
Fee Sample Fee	x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
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Reissue 330 165 540 270 650 325 Provisional 220 110 0 0 0 0 2. EXCESS CLAIM FEES	Design	220	110	100	50	140	70			
Provisional 220 110 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Plant	220	110	330	165	170				
Provisional 220 110 0 0 0 0 0 0 2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims Total Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims Fee Paid (\$) Multiple Dependent Claims Fee Paid (\$) A or HP = HP = highest number of total claims paid for, if greater than 20. Indep. Claims Sand HP = HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 810.00 SUBMITTED BY Registration No. (Actomey/Agent) 39,538 Telephone (703) 205-8000	Reissuc	330	165	540	270					
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(Attorney/Agent) 39,536 Telephone (703) 205-8000	SUBMITTED BY	101	22 A							
Name (Print/Type) James T. Eller, Jr. July 2, 2009	Signature (Lanus)	1. EL	4, lh	F ()	Registration No. Attorney/Agent)	39,538	Telephone	(703) 205	5-8000	
	Name (Print/Type) James T. Eller, Jr.						Date	Date July 2, 2009		